



MORE Than 'An APPLE a Day'

NEW Mandates for SCHOOL wellness

by Amelia Mays Woods
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With obesity and sedentary lifestyles increasing among children, schools are mandated to get kids to eat right and exercise.

Jad burst into the teachers' lounge. "Meg, will you be on the planning committee with me to help the faculty start implementing the new wellness policy?"

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Meg blinked and replied, "What new policy?"

"By August," Jad explained, "plans need to be in place to integrate wellness awareness and activities school-wide. Steps for implementation will be assessed as early as November! I've been pushing for us to get the ball rolling on this for months. When Principal Madigan asked whether I would be willing to take a leadership role, I couldn't believe it. This is totally the opportunity we need to take a proactive rather than a reactive approach to kids' health awareness."

Meg nodded, "So many of my seventh graders devote *hours* to screen time. If they aren't on Instant Messenger or text messaging, they are glued to the television or playing video games."

Jad's enthusiasm for tackling the sedentary lifestyles adopted by many children and teens is exactly what is needed to instigate change. At last, teachers are empowered by federal mandates—and funding—via the Child Nutrition and WIC Reauthorization Act of 2004, to press schools to implement wellness measures. The bandwagon effort authorizes concerned educators to step into leadership roles.

A Growing Problem

Clearly, obesity issues drive scores of studies on damages rendered by the sedentary lifestyles of American adults. HealthierUS.gov (2004) reported that in the last 10 years, obesity rates in adults have increased by more than 60 percent. Approximately 45 million adults (25 percent of the U.S. population) are obese.

These figures are jarring; but even more frightening are the implications for today's youth. Obesity rates have doubled among children and tripled among teens in 10 years, resulting in nearly 8 million overweight young people.

Because obesity contributes significantly to cardiovascular disease, these data are particularly alarming. Gordon-Larsen, Nelson, and Popkin (2004) have documented evidence that the inactivity of America's youth continues into adulthood. Current predictions warn that today's children will be the first generation whose life expectancies will be shorter than those of their parents (Olshansky et al. 2005). Certainly, the time to take action to reverse these trends is now.

Understanding the New Policy

When the Child Nutrition and WIC Reauthorization Act of 2004 was passed (U.S. Congress 2004), schools were deemed responsible for students' awareness of good nutritional habits and engagement in daily physical activity. The following stakeholders are identified as essential

to planning: parents, students, teachers, school board members, school food-service representatives, administrators, and other community leaders. When representatives of these factions join their unique perspectives to shape unified goals, benefits are maximized. Bandura (1998) insisted that if multidisciplinary personnel made a serious commitment to increase daily activity of students, they could have a positive effect on the health status of children nationwide.

The policy requires:

- setting nutrition education goals;
- setting physical activity goals;
- establishing nutrition standards for all foods available on the school campus;
- setting goals for other school-based activities designed to promote student wellness; and
- setting goals for measurement and evaluation.

Furthermore, \$4 million to provide information and technical assistance is available through 2009 (U.S. Congress 2004). By August 2006, measures toward ensuring students' wellness should be documented. Those who fall short are threatened with a loss of federally subsidized school-lunch funding, making compliance critical. Movement toward reform may be led by those less frequently in the limelight, such as physical educators, school health personnel, and food service directors—those best equipped to share essential know-how with colleagues, parents, and other school leaders.

Implementing Changes

Approaches to stimulating faculty to integrate wellness concepts and activities into curricula depend on the school size and culture. Because teachers are more likely to resist top-down mandates, soliciting representation from across the faculty to incite progress toward implementation establishes collaborative ownership. For schools that have taken few measures toward developing wellness policies, a plethora of examples are available on school Web sites. Two resources to consult are www.opi.mt.gov/schoolfood/wellness.html and www.teamnutrition.usda.gov. With simple modifications, these programs may be adapted to suit particular school cultures. Because obesity issues are problematic for young people across the nation, shared approaches to adjusting sedentary lifestyles improve chances for success. By executing and maintaining school wellness plans addressing healthy meals, increased physical activity, and health education, schools will recognize a positive impact on student lives.

The U.S. Department of Agriculture (2005) has determined that more than 28 million students use the National School Lunch Program daily, while approximately

7 million rely on the National School Breakfast Program. For many of these students, particularly those from low-income families, more than half of their food intake occurs at school. Edmunds, Waters, and Elliott (2001) concluded that such children are more likely to face obesity during adolescence than those from higher socioeconomic environments—confirming the importance of wellness considerations for those most subject to school controls.

In setting nutritional guidelines, many schools have made a simple modification that allows students to carry water bottles to class. The power of hydration to improve work performance keeps water intake in the foreground of instilling wellness practices. Advocating wellness policies, the PTO of Pittston Area Intermediate Center in Pennsylvania took the initiative to purchase water bottles for each student. Likewise, the PTO of Whitefish Central Middle School in Montana purchased a refrigerated vending machine offering yogurt, string cheese, fruits, vegetables, puddings, beef jerky, and bagels. Such changes offer viable alternatives toward wellness.

Currently, because most schools are unable to offer daily physical education classes, elementary teachers are expected to include physical activity in their curricula. McKenzie et al. (1998) asserted that responsibility for physical activity in elementary schools in the United States generally is shared between physical education specialists and classroom teachers, with the bulk of that responsibility resting on the classroom teacher. However, the preparation of classroom teachers to serve as physical educators is limited (Faulkner and Reeves 2000). McKenzie et al. (1997) found that when classroom teachers had full responsibility for teaching physical education in their schools, they offered only 55 percent of the number of lessons and 47 percent of the minutes of physical activity that specialists offered. Therefore, because physical educators' contact hours with students are minimal, efforts toward meeting new standards require ingenuity and fervor.

Pressure to Eliminate Recess

Contributing to physical inactivity is the current movement to eliminate recess, which is intended to reduce liability and ease time constraints. According to one advocacy group, the American Association for the Child's Right to Play (2006), an estimated 40 percent of the nation's elementary schools have modified, discontinued, or are considering discontinuing recess. The rationale for omitting these programs stems from a desire to devote more time to academics. However, additional time devoted to academics does not necessarily result in more learning. Numerous groups, such as the

American Association for the Child's Right to Play, advocate the importance of recess as a necessary opportunity for children to have a break from their studies and enjoy physical activity, reasoning that they return to the classroom refreshed and ready to learn. Such assertions are in accord with Caterino and Polak's (1999) determination that physical activity has a positive influence on concentration, memory, and classroom behavior.

To meet national goals toward school wellness, physical activity must be expanded to include recesses, travel to and from school, and before- and after-school programs. In Dallas, a trail connecting two of the district's elementary schools is complete with fitness stations along the way, which provide nutritional information, fun facts about food, and physical activity guides.



Another successful program is found at the Sargent School District in Colorado, where fourth-, fifth-, and sixth-grade students learn to measure, cook, and taste new products. After school, students prepare dishes using fruits, vegetables, whole grains, and foods rich in calcium as they learn to take responsibility for food intake. Using the food pyramid, safety in preparation practices, food labeling, and basic cooking techniques, students prepare and serve a dinner for their families.

Self-monitoring shifts the ownership of wellness and empowers students to make choices. Another way to encourage self-monitoring is to have students maintain wellness journals, in which they document food and beverage intake, physical activity, and hours of sleep per night. The journals serve as a basis for reflection on behavioral changes as a result of wellness awareness. Likewise, generating charts based on these records may motivate students and instill pride if results following their focused program are positive. The U.S.

Department of Agriculture offers materials explaining the new food and activity pyramid, along with record-keeping diagrams, at www.teamnutrition.usda.gov. Also available at that Web site is an interactive game to inform students about wellness choice-making.

Extending Wellness to the Community

Wellness measures should be extended to school personnel and students' families. In Leon County, Florida, schools began offering aerobics classes and wellness seminars for staff members and parents. The district hired wellness trainers to conduct these sessions; reciprocally, teachers enjoy reduced fees at the fitness clubs where the trainers are otherwise employed. Opening gymnasiums or school pools for use by families or individuals offers viable alternatives. The U.S. Department of Health and Human Services (2005) found that 35 percent of schools open gymnasiums for free play and practice times, and that agency has set 50 percent as a target in its Healthy People 2010 guidelines. Joining forces with local parks and recreation programs, church groups, or the YMCA and YWCA promises additional avenues for physical activity.

Health practitioners, such as doctors, dentists, and optometrists, can contribute valuable insights. Representatives from the American Heart Association, the American Cancer Society, and the American Diabetes Association also may join forces with these stakeholders. By circulating names and phone numbers of those willing to serve as resources, schools can expand the circle of individuals working toward the well-being of students and their families. In Delaware, the Bayhealth Medical Center has established offices in a number of high schools, where cooperating family physicians provide services in mental health, physical health, education, nutrition, and laboratory testing. Though this valued resource is unique to Delaware's wellness plans, any district may solicit advice from health professionals to ensure that wellness measures are professionally grounded.

Benefits of School Wellness

Benefits of a school culture centered on wellness are multifold. WestEd (2003), a research, development, and service agency, demonstrated that "policies and practices that address the health and developmental needs of youth are critical components of any comprehensive strategy for improving academic performance." Another nonprofit organization, Action for Healthy Kids (2004), reported that the excessive rise in poor nutrition, inactivity, and weight problems is adversely affecting academic achievement and possibly costing schools

millions of dollars each year. In states that receive aid based on student attendance, the impact of good health can be significant. Sensitivity to such data may even spark involvement by otherwise disinterested faculty.

Incentives from area hospitals and insurance companies often spur faculty to form teams with wellness as a goal. The American Cancer Society sponsors one such program, called Active for Life, in many communities. Team members log in daily to record the number of minutes of exercise they have accomplished, number of glasses of water drunk, and amount of fruit and vegetables consumed. Activities like this one may serve as springboards for change by modeling for students, parents, and other community members positive attitudes toward wellness. Unified efforts, involving school and home, are ideal for initiating wellness programs.

Advocating wellness programs serves the needs of all students. Using readily available resources, committees composed of a variety of stakeholders can positively impact students' mental, emotional, and physical health. If time and energy are devoted to establishing physical and social environments that encourage and enable physical activities and nutritional diets, the limited life expectancies of today's sedentary young people certainly may be extended. Because of the enhanced quality of life resulting from wellness education and experiences, those charged with effecting change have the power to engage students in measures certain to reap boundless benefits. ■

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